

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number K50007246646	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 008037589 FLE		
5. Generator's Name and Mailing Address Clean Harbors Lone Mountain LLC 2549 North New York Street Wichita, KS 67219 Generator's Phone: (316) 266-7400			Generator's Site Address (if different than mailing address) SAME				
6. Transporter 1 Company Name US Bulk Transportation Inc				U.S. EPA ID Number PA098734515			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 46355 S County Road 236 Wynoka, OK 73960 Facility's Phone: (580) 697-3500				U.S. EPA ID Number OKD055438376			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), 9, PG III	1	DT	25 16	Y	F001 F002 F003 F004 F005
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information LCH831502X08 ERG#171 TR# 351 TL# 351-A							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name Jim Tyson							
Signature Jim Tyson							
Month Day Year 2 9 15							
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	Transporter signature (for exports only):						
	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Derek Huett			Signature Derek Huett		Month Day Year 2 9 15	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
	Facility's Phone:						
	18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. 1132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name				Signature			
				Month Day Year			

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number K9B007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 008037589 FLE												
5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219 (316) 268-7400			Generator's Site Address (if different than mailing address) SAME														
6. Transporter 1 Company Name US Bulk Transportation Inc			U.S. EPA ID Number PA098734515														
7. Transporter 2 Company Name			U.S. EPA ID Number														
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wynoka, OK 73860 Facility's Phone: (580) 697-3800			U.S. EPA ID Number OKD065438376														
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes												
		No. Type															
X	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), B, PG III	1 DT	EST 16	Y	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">F001</td> <td style="width:33%;">F002</td> <td style="width:33%;">F003</td> </tr> <tr> <td>F004</td> <td>F005</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	F001	F002	F003	F004	F005							
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15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.																	
Generator's/Offoror's Printed/Typed Name Jim Tyson		Signature <i>Jim Tyson</i>		Month Day Year 2 13 15													
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____																	
17. Transporter Acknowledgment of Receipt of Materials																	
Transporter 1 Printed/Typed Name Derek Pruett		Signature <i>Derek Pruett</i>		Month Day Year 2 4 15													
Transporter 2 Printed/Typed Name		Signature		Month Day Year													
18. Discrepancy																	
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection																	
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1. H132		2.		3.													
4.		5.		6.													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a																	
Printed/Typed Name Cindy Bradford		Signature <i>Cindy Bradford</i>		Month Day Year 2 4 15													